

COVER PAGE

LAUSD
CHARTER SCHOOLS
DIVISION

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) ARKIN (FIRST) ALLISON 2019 MAR 22 PM 2:00 (Mobile) SHER

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOS ANGELES UNIFIED SCHOOL DISTRICT

~~BOARD CHAIR~~

Division, Board, Department, District, if applicable

Your Position

NEW LOS ANGELES CHARTER SCHOOLS

BOARD CHAIR

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☒ Other PORTION OF LA COUNTY (LAUSD)

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2018, through December 31, 2018.
 -or- The period covered is _____, through December 31, 2018.
☐ Assuming Office: Date assumed _____
☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____
☐ Leaving Office: Date Left _____ (Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
☒ The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

Schedules attached

- ☒ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

C/O NEW LOS ANGELES CHARTER SCHOOLS 1919 S BURNside LOS ANGELES CA 9006

DAYTIME TELEPHONE NUMBER

(310) 999-6400

EMAIL ADDRESS

arkin38@earthlink.net

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed February 25, 2019

(month, day, year)

Signature _____

(File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

NAME OF BUSINESS ENTITY

Bank of America

GENERAL DESCRIPTION OF THIS BUSINESS

Banking

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/18 ACQUIRED _____/_____/18 DISPOSED

NAME OF BUSINESS ENTITY

General Electric

GENERAL DESCRIPTION OF THIS BUSINESS

power

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/18 ACQUIRED _____/_____/18 DISPOSED

NAME OF BUSINESS ENTITY

Red Bath & Beyond

GENERAL DESCRIPTION OF THIS BUSINESS

Housewares

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/18 ACQUIRED _____/_____/18 DISPOSED

NAME OF BUSINESS ENTITY

FedEx

GENERAL DESCRIPTION OF THIS BUSINESS

Shipping/mailling

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/18 ACQUIRED _____/_____/18 DISPOSED

NAME OF BUSINESS ENTITY

Newell Brands

GENERAL DESCRIPTION OF THIS BUSINESS

office supplies, appliances, security

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/18 ACQUIRED _____/_____/18 DISPOSED

NAME OF BUSINESS ENTITY

Costco

GENERAL DESCRIPTION OF THIS BUSINESS

food

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

_____/_____/18 ACQUIRED _____/_____/18 DISPOSED

Comments:

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

▶ NAME OF BUSINESS ENTITY
Johnson & Johnson

GENERAL DESCRIPTION OF THIS BUSINESS
Consumer products

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 18 _____ / _____ / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
JP Morgan

GENERAL DESCRIPTION OF THIS BUSINESS
Banking

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 18 _____ / _____ / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Weyerhaeuser

GENERAL DESCRIPTION OF THIS BUSINESS
wood/lumber

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 18 _____ / _____ / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
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GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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☐ Stock ☐ Other _____ (Describe)
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 _____ / _____ / 18 _____ / _____ / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 18 _____ / _____ / 18
 ACQUIRED DISPOSED

Comments:

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
3/20/18 10:01 AM

COVER PAGE

LAUSD
CHARTER SCHOOLS
DIVISION

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) CHRISTENSON (FIRST) DEBORAH 2018 MAR 22 PM 2:45 (MIDDLE) KAY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOS ANGELES UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

Your Position

NEW LOS ANGELES CHARTER SCHOOLS

Board member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☒ Other PORTION OF LA COUNTY (LAUSD)

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2018, through December 31, 2018.
-or- The period covered is _____, through December 31, 2018.
☐ Assuming Office: Date assumed _____
☐ Leaving Office: Date left _____ (Check one circle.)
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-or- The period covered is _____, through the date of leaving office.
☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS 1919 S. BURNSIDE AVE STREET LOS ANGELES CITY CA STATE 90016 ZIP CODE
(Business or Agency Address Recommended - Public Document)
1919 S. BURNSIDE AVE LOS ANGELES CA 90016
DAYTIME TELEPHONE NUMBER (323) 939-6400 EMAIL ADDRESS dchristenson@wildwood.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02-25-19
(month, day, year)

Signature Deb Christenson
(File the originally signed paper statement with your filing official)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Deborah Christenson

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Wildwood School

ADDRESS (Business Address Acceptable)

11811 Olympic Blvd.

BUSINESS ACTIVITY, IF ANY, OF SOURCE

School

YOUR BUSINESS POSITION

Teacher

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ \$500 - \$1,000

☐ \$10,001 - \$100,000

☐ No Income - Business Position Only

☐ \$1,001 - \$10,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None

☐ Personal residence

☐ Real Property

Street address

City

☐ Guarantor

☐ Other

(Describe)

Comments:

COVER PAGE

LAUSD
CHARTER SCHOOLS
DIVISION

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

2018 APR 22 PM 2:40 (MPL)

Doyle

Kevin

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOS ANGELES UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

Your Position

Board member, treasurer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Multi-County

☐ City of

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of

☒ Other PORTION OF LA COUNTY (LAUSD)

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is _____, through December 31, 2018.

☐ Assuming Office: Date assumed _____

☐ Leaving Office: Date Left _____
(Check one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-
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4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1

Schedules attached

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

233 W. 1st St. Ste 650

Santa Monica

CA

90401

DAYTIME TELEPHONE NUMBER

(424) 653-5350

EMAIL ADDRESS

Kevin.Doyle@causd.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3-14-19

(month, day, year)

Signature

(Print the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing Received
Official Use Only
CAUSD
CHARTER SCHOOLS
DIVISION

A PUBLIC DOCUMENT 2019 MAR 22 PM 2:45

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
KUSSEROW TIM A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOS ANGELES UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, If applicable

Your Position

New Los Angeles Charter School, Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☐ City of ☒ Other PORTION OF LA COUNTY (LAUSD)

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2018, through December 31, 2018.
-or-
The period covered is / / through December 31, 2018.
☐ Assuming Office: Date assumed / /
☐ Leaving Office: Date Left / /
(Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
-or-
☐ The period covered is / / through the date of leaving office.
☐ Candidate: Date of Election and office sought, if different than Part 1:

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 1

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
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☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
438 San Vicente Blvd Santa Monica CA 90402
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(310) 451-1332 tkusserow@carlthorp.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/14/19 Signature [Signature]
(month, day, year) (File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

LAUSD
PART 1
DIVISION
Date Initial Filing Received
Chapter 100-101

COVER PAGE

A PUBLIC DOCUMENT

2010 MAR 22 PM 2:45

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Nickerson	Susan	M

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Los Angeles Unified School District

Division, Board, Department, District, if applicable

New Los Angeles Charter Schools Board of Directors

Your Position

secretary / board member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- | | |
|---|---|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input type="checkbox"/> City of _____ | <input checked="" type="checkbox"/> Other PORTION OF LA COUNTY (LAUSD) |

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ **Assuming Office:** Date assumed ____/____/____☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)☐ The period covered is January 1, 2018, through the date of leaving office.☐ The period covered is ____/____/____, through the date of leaving office.☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 4

Schedules attached

- | | |
|---|---|
| <input checked="" type="checkbox"/> Schedule A-1 - Investments - schedule attached | <input checked="" type="checkbox"/> Schedule C - Income, Loans, & Business Positions - schedule attached |
| <input checked="" type="checkbox"/> Schedule A-2 - Investments - schedule attached | <input type="checkbox"/> Schedule D - Income - Gifts - schedule attached |
| <input type="checkbox"/> Schedule B - Real Property - schedule attached | <input type="checkbox"/> Schedule E - Income - Gifts - Travel Payments - schedule attached |

-or- ☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				
c/o New LA, 1919 S. Burnside		Los Angeles	CA	90016
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS			
(323) 939-6400	snickerson@newlosangeles.org			

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-21-19
(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAR POLITICAL PRACTICES COMMISSION

Name

Susan Nickerson

▶ NAME OF BUSINESS ENTITY
Apple Inc. (AAPL)

GENERAL DESCRIPTION OF THIS BUSINESS

Technology Hardware, Storage & Peripherals

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/18
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:

____/____/18
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
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NATURE OF INVESTMENT

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IF APPLICABLE, LIST DATE:

____/____/18
ACQUIRED DISPOSED

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GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
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☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
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▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

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____/____/18
ACQUIRED DISPOSED

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GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/18
ACQUIRED DISPOSED

Comments:

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Susan Nickerson

1. BUSINESS ENTITY OR TRUST

Name
Nickerson Research, Inc.

Address (Business Address Acceptable)
 Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
 research & clearance of images & info

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 ☐ 1/18 ☐ 12/18
☐ \$2,000 - \$10,000 ☐ ACQUIRED ☐ DISPOSED
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ corporation Other

YOUR BUSINESS POSITION founder & president

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

☐ None or ☒ Names listed below

21 Inch Philco; 72andSunny; Anomaly; BBDO; CP+B; Deutsch; Droga5; JWT; i.i Monsters; McCann; Wieden + Kennedy; McGarryBowen; Venables Bell; Wolfes

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

lease of office space

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 ☐ 1/18 ☐ 12/18
☐ \$10,001 - \$100,000 ☐ ACQUIRED ☐ DISPOSED
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☒ Leasehold 10 Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name
MMO-KRO, LLC

Address (Business Address Acceptable)
 Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
 real estate

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 ☐ 1/18 ☐ 12/18
☐ \$2,000 - \$10,000 ☐ ACQUIRED ☐ DISPOSED
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ LLC Other

YOUR BUSINESS POSITION trustee

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

☐ None or ☒ Names listed below

Nickerson Research, Inc.

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☒ REAL PROPERTY

property

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 ☐ 1/18 ☐ 12/18
☐ \$10,001 - \$100,000 ☐ ACQUIRED ☐ DISPOSED
☐ \$100,001 - \$1,000,000
☒ Over \$1,000,000

NATURE OF INTEREST
☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold Yrs. remaining ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Susan Nickerson
--

NAME OF SOURCE OF INCOME

21 Inch Philco, LLC

ADDRESS (Business Address Acceptable)

11833 Mississippi Avenue, #101, LA, CA 90025

BUSINESS ACTIVITY, IF ANY, OF SOURCE

feature film production

YOUR BUSINESS POSITION

post production - freelance

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

(Describe)

☐ Other _____
 (Describe)

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental income, list each source of \$10,000 or more

(Describe)

☐ Other _____
 (Describe)

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
 (Describe)

City

☐ Guarantor _____

☐ Other _____
 (Describe)

Comments:



STATEMENT OF ECONOMIC INTERESTS

LAUSD
 DISTRICT SCHOOLS
 DIVISION
 Original Filing Received
 Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

2018 MAR 22 PM 2:45

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

Sheehy

Peter

P.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency:

Position: Board Member

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County☐ County of☐ City of☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is _____, through December 31, 2018.

☐ Leaving Office: Date Left _____
(Check one circle.)☐ The period covered is January 1, 2018, through the date of leaving office.☐ Assuming Office: Date assumed _____☐ The period covered is _____, through the date of leaving office.☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 11

Schedules attached

☒ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☒ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☒ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

New LA Charter Schools

1919 Burnside Ave LA, CA 90016

DAYTIME TELEPHONE NUMBER

(323) 939 6400

EMAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3-18-19
(month, day, year)

Signature

Peter Sheehy
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
Name <u>Peter Sheehy</u>

▶ NAME OF BUSINESS ENTITY
Paxter and Gamble

GENERAL DESCRIPTION OF THIS BUSINESS
Household Products

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ \$1,001 - \$100,000
☐ Over \$1,000,000
Under \$1,000.00

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
1/18 1/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
ATT

GENERAL DESCRIPTION OF THIS BUSINESS
Communication

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ \$1,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
1/18 1/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
BCE Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Telecom

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☒ \$1,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
1/18 1/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
3m Company

GENERAL DESCRIPTION OF THIS BUSINESS
Industry consumer goods

FAIR MARKET VALUE
☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ \$1,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
1/18 1/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Altria

GENERAL DESCRIPTION OF THIS BUSINESS
Tobacco

FAIR MARKET VALUE
☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ \$1,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
1/18 1/18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Boeing

GENERAL DESCRIPTION OF THIS BUSINESS
Aircraft

FAIR MARKET VALUE
☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ \$1,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
1/18 1/18
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Pat Shady</u>

▶ NAME OF BUSINESS ENTITY
Chenon

GENERAL DESCRIPTION OF THIS BUSINESS
Energy

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Cisco

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Corning

GENERAL DESCRIPTION OF THIS BUSINESS
Glass, Ceramics

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Chubb

GENERAL DESCRIPTION OF THIS BUSINESS
Insurance

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Coronado Phillips

GENERAL DESCRIPTION OF THIS BUSINESS
Energy

FAIR MARKET VALUE
☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Dineco PLC

GENERAL DESCRIPTION OF THIS BUSINESS
Spirits

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 / 18
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
Name <u>Peter Shady</u>

▶ NAME OF BUSINESS ENTITY
Don's Super

GENERAL DESCRIPTION OF THIS BUSINESS
Chemicals

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$1,000,000
☒ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 18 / / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Genuine Parts

GENERAL DESCRIPTION OF THIS BUSINESS
Automotive

FAIR MARKET VALUE
☒ \$2,000 - \$10,000
☐ \$10,001 - \$1,000,000
☐ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 18 / / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
HSBC

GENERAL DESCRIPTION OF THIS BUSINESS
Financial

FAIR MARKET VALUE
☒ \$2,000 - \$10,000
☐ \$10,001 - \$1,000,000
☐ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 18 / / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Exxon

GENERAL DESCRIPTION OF THIS BUSINESS
Oil / Energy

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$1,000,000
☒ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 18 / / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
HCP Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Real estate

FAIR MARKET VALUE
☒ \$2,000 - \$10,000
☐ \$10,001 - \$1,000,000
☐ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 18 / / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Intel

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
☒ \$2,000 - \$10,000
☐ \$10,001 - \$1,000,000
☐ \$10,001 - \$100,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 18 / / 18
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 NAME <u>Peter Shuey</u>
--

▶ NAME OF BUSINESS ENTITY
JP Morgan

GENERAL DESCRIPTION OF THIS BUSINESS
Finance

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Johnson and Johnson

GENERAL DESCRIPTION OF THIS BUSINESS
Household Products

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Johnson Controls, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Auto Parts, Industry

FAIR MARKET VALUE
☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Kimberly Clark Corp

GENERAL DESCRIPTION OF THIS BUSINESS
Paper

FAIR MARKET VALUE
☒ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Lilly Eli and Co.

GENERAL DESCRIPTION OF THIS BUSINESS
Pharma

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Merk

GENERAL DESCRIPTION OF THIS BUSINESS
Pharma

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
18 / 18
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Peter Shuey</u>

▶ NAME OF BUSINESS ENTITY
MicraSoft

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Navartis

GENERAL DESCRIPTION OF THIS BUSINESS
Pharma

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Philip Morris

GENERAL DESCRIPTION OF THIS BUSINESS
Tobacco

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Nexterra

GENERAL DESCRIPTION OF THIS BUSINESS
Energy

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Pfizer

GENERAL DESCRIPTION OF THIS BUSINESS
Pharma

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Raytheon

GENERAL DESCRIPTION OF THIS BUSINESS
Defense Contractor

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE
 / 18 / 18
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name <u>Peter Sheehy</u>	

▶ NAME OF BUSINESS ENTITY
Royal Dutch Shell

GENERAL DESCRIPTION OF THIS BUSINESS
Energy

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Siemens

GENERAL DESCRIPTION OF THIS BUSINESS
Technology

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
STL Suntrust Bank

GENERAL DESCRIPTION OF THIS BUSINESS
Finance

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Target

GENERAL DESCRIPTION OF THIS BUSINESS
Consumer goods

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Travelers Co.

GENERAL DESCRIPTION OF THIS BUSINESS
Finance

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Unilever

GENERAL DESCRIPTION OF THIS BUSINESS
Consumer goods

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 / 18
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FARI POLITICAL PRACTICES COMMISSION Name <u>Peter Sheehy</u>
--

▶ NAME OF BUSINESS ENTITY
Walgreens Boots All.

GENERAL DESCRIPTION OF THIS BUSINESS
Pharma

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 18 / / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Welltower

GENERAL DESCRIPTION OF THIS BUSINESS
Real estate

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 18 / / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 18 / / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Wells Fargo

GENERAL DESCRIPTION OF THIS BUSINESS
Banking

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 18 / / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Coca Cola

GENERAL DESCRIPTION OF THIS BUSINESS
Food

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 18 / / 18
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 18 / / 18
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FARM, FIDUCIARY, PARTNERSHIP, COMMISSION
 Name Peter Shachy

1 BUSINESS ENTITY OR TRUST
Lafayette St. Co
 Name
88 Swarthmore Ave Pacific Palisades, CA 90272
 Address (Business Address Acceptable)
 Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
 GENERAL DESCRIPTION OF THIS BUSINESS
Media
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☒ \$0 - \$1,999 18 18
☐ \$2,000 - \$10,000 ACQUIRED DISPOSED
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
 NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other
 YOUR BUSINESS POSITION _____

SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST
☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☒ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
☐ None or ☒ Names listed below
NBC Universal
Valence media

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
 Check one box:
☐ INVESTMENT ☐ REAL PROPERTY
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 18 18
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
 NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold Yes remaining ☐ Other _____
☐ Check box if additional schedules reporting investments or real property are attached

1 BUSINESS ENTITY OR TRUST
 Name _____
 Address (Business Address Acceptable) _____
 Check one ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
 GENERAL DESCRIPTION OF THIS BUSINESS
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 18 18
☐ \$2,000 - \$10,000 ACQUIRED DISPOSED
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
 NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ Other
 YOUR BUSINESS POSITION _____

SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST
☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
☐ None or ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
 Check one box:
☐ INVESTMENT ☐ REAL PROPERTY
 Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____
 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$2,000 - \$10,000 18 18
☐ \$10,001 - \$100,000 ACQUIRED DISPOSED
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000
 NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold Yes remaining ☐ Other _____
☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700 FPPC ADVISEE PRELIMINARY DOCUMENT
Name <u>Peter Sheehy</u>

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
Pan Am Palisades / Los Angeles
 CITY
332 Swarthmore Ave 90272

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
 _____ / 18 / 18
 ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____
 Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None
Allison Sherman
Pat Sherman

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE
 _____ / 18 / 18
 ACQUIRED DISPOSED

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____
 Yrs. remaining _____ Other _____

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
 _____ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____ TERM (Months/Years) _____
 _____ % ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FPPC ADVISORY BOARD
Name <u>Peter Sheehy</u>

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Quibi 6555 West Barton

ADDRESS (Business Address Acceptable)
Ave LA CA 90038

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Content Executive

YOUR BUSINESS POSITION
Media

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

 (Describe)

☐ Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Kid Unity (501 C3)

ADDRESS (Business Address Acceptable)
338 swarthmore Ave Pacific Palisades

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CA #0232

YOUR BUSINESS POSITION
co-director
Educational / Non-profit

GROSS INCOME RECEIVED ☒ No Income - Business Position Only

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

 (Describe)

☐ Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE _____ TERM (Months/Years) _____

_____ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
 Street address _____
 City _____

☐ Guarantor _____

☐ Other _____
 (Describe)

Comments: _____



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
LAUSD
Official Use Only

COVER PAGE

CHARTER SCHOOLS
DIVISION

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

2019 MAR 22 PM 2:44
(MIDDLE)

Sherman

Bari

Cooper

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOS ANGELES UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

Your Position

Board member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Multi-County _____☐ City of _____☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ County of _____☒ Other PORTION OF LA COUNTY (LAUSD)

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2018, through
December 31, 2018.

-or-

The period covered is _____, through
December 31, 2018.☐ Assuming Office: Date assumed _____☐ Leaving Office: Date Left _____
(Check one circle.)☐ The period covered is January 1, 2018, through the date of
leaving office.

-or-

☐ The period covered is _____, through
the date of leaving office.☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 3

Schedules attached

☒ Schedule A-1 - Investments - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

1919 S. Burnside Ave

Los Angeles

CA

90016

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

{ 323 } 939-6400

bsherman101@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/21/19

(month, day, year)

Signature

(File the originally signed paper statement with your filing official)

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Bari Cooper Sherman	

▶ NAME OF BUSINESS ENTITY
Turner-Agassi Charter School Facilities Fund II

GENERAL DESCRIPTION OF THIS BUSINESS
charter school development

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☒ Partnership ☐ Income Received of \$0 - \$499
 ☒ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 /
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 /
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 /
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 /
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 /
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / 18 /
 ACQUIRED DISPOSED

Comments:

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 <small>Personal Income Tax Return</small>
Name Bari Cooper Sherman

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Turner-Agassi Charter School Facilities II Fund

ADDRESS (Business Address Acceptable)
 3000 Olympic Blvd, Santa Monica, CA 90404

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 charter school development

YOUR BUSINESS POSITION
 Vice President

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

☒ Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

 (Describe)

☐ Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

 (Describe)

☐ Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE TERM (Months/Years)

_____ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
 Street address

_____ City

☐ Guarantor _____

☐ Other _____
 (Describe)

Comments: _____



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
L.A. SD Official Use Only

COVER PAGE

L.A. SD
CHARTER SCHOOLS
DIVISION

A PUBLIC DOCUMENT

2018 MAR 09 PM 2:46

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

Weil

Richard

Clement

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOS ANGELES UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

Your Position

New LA Charter School board member & treasurer

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Multi-County _____☐ City of _____☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ County of _____☒ Other PORTION OF LA COUNTY (LAUSD)

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____ through December 31, 2018.

☐ Assuming Office: Date assumed ____/____/____☐ Candidate: Date of Election ____ and office sought, if different than Part 1: _____☒ Leaving Office: Date Left 06/26/2018
(Check one circle.)

● The period covered is January 1, 2018, through the date of leaving office.

-or-
○ The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET
(Business or Agency Address Recommended - Public Document)

1919 S Burnside Ave

CITY

Los Angeles

STATE

CA

ZIP CODE

90016

DAYTIME TELEPHONE NUMBER

(323) 215-8860

EMAIL ADDRESS

richardcweil@gmail.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed February 22, 2019

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 INCOME TAX RETURN Name _____ _____ _____

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Mount Wilson Ventures, LLC

ADDRESS (Business Address Acceptable)
 130 W Union St, Pasadena, CA 91103

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Venture fund

YOUR BUSINESS POSITION
 Partners

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☒ Salary ☐ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

 (Describe)

☐ Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 LegalZoom, Inc.

ADDRESS (Business Address Acceptable)
 101 N Brand Blvd, Glendale, CA 91203

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Legal documents

YOUR BUSINESS POSITION
 Chief Marketing Officer

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

 (Describe)

☐ Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE _____ TERM (Months/Years) _____

_____ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
 Street address _____
 City _____

☐ Guarantor _____

☐ Other _____
 (Describe)

Comments: _____



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Rec'd Jan 27, 2019

COVER PAGE

LAUSD
CHARTER SCHOOLS
DIVISION

A PUBLIC DOCUMENT

Please type or print in ink

NAME OF FILER (LAST)

Lopez

(FIRST)

Jonathan

2019 MAR 22 PM 2:16 (MIDDLE)

Joseph

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOS ANGELES UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

New Los Angeles Charter Schools

Your Position

Board member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Multi-County _____☐ City of _____☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ County of _____☒ Other PORTION OF LA COUNTY (LAUSD)

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2018, through
December 31, 2018.

-or-

The period covered is _____, through
December 31, 2018.☐ Assuming Office: Date assumed _____☐ Leaving Office: Date Left _____
(Check one circle.)☐ The period covered is January 1, 2018, through the date of
leaving office.

-or-

☐ The period covered is _____, through
the date of leaving office.☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

☐ Schedule A-1 - Investments - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

1919 S. Burnside Ave. Los Angeles CA 90016

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(323) 939-6400

jlopez-326@yahoo.com

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2/25/19

(month, day, year)

Signature

(File the originally signed paper statement with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

NAME OF SOURCE OF INCOME
Kaiser Permanente

ADDRESS (Business Address Acceptable)
393 E. Walnut Pasadena, CA 91108

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Licensed Vocational Nurse

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2)

☐ Partnership (Less than 10% ownership For 10% or greater use Schedule A-2)

☐ Sale of _____
 (Real property car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY IF ANY OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2)

☐ Partnership (Less than 10% ownership For 10% or greater use Schedule A-2)

☐ Sale of _____
 (Real property car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY IF ANY OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____

Street address

City

☐ Guarantor _____

☐ Other _____

(Describe)

Comments: _____



STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received

Official Use Only

COVER PAGE

LAUSD
CHARTER SCHOOLS
DIVISION

A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) MIDDLE
Albert Matthew Brian

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOS ANGELES UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, If applicable

Your Position

New Los Angeles Charter

Executive Director

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ☐ County of
☐ City of ☒ Other PORTION OF LA COUNTY (LAUSD)

3. Type of Statement (Check at least one box)

- ☐ Annual: The period covered is January 1, 2018, through December 31, 2018.
-or- The period covered is / / , through December 31, 2018.
☐ Assuming Office: Date assumed / /
☐ Candidate: Date of Election and office sought, if different than Part 1:
☒ Leaving Office: Date Left 12 / 31 / 2018
(Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
-or-
☐ The period covered is / / , through the date of leaving office.

4. Schedule Summary (must complete)

Total number of pages including this cover page: 1

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☒ None - No reportable interests on any schedule

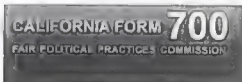
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1919 S. Burnside Ave Los Angeles CA 90016
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(323) 939-6400 albert.matt@ucla.edu

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/11/18
(month, day, year)Signature
(File the originally signed paper statement with your filing official.)



STATEMENT OF ECONOMIC INTERESTS

Official Use Only

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink

NAME OF FILER (LAST) Rios (FIRST) Brooke (MIDDLE) Merryfield

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOS ANGELES UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

Your Position

New Los Angeles Charter SchoolsExecutive Director, Jan 1 2019

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Multi-County _____☐ City of _____☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ County of _____☒ Other PORION OF LA COUNTY (LAUSD)

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ Leaving Office: Date Left ____/____/____
(Check one circle.)☐ The period covered is January 1, 2018, through the date of leaving office.☐ The period covered is ____/____/____, through the date of leaving office.☒ Assuming Office: Date assumed 1/1/19☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete)

► Total number of pages including this cover page: _____

Schedules attached

☐ Schedule A-1 - Investments - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule B - Real Property - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document)

1919 S Normandie Ave Los Angeles CA 90014

DAYTIME TELEPHONE NUMBER

823.939.0402

EMAIL ADDRESS

brics@newlosangeles.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

8/22/2015

Signature

(File in original signed paper statement with your filing office.)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Brooke M Rio

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Mirman School

ADDRESS (Business Address Acceptable)
Independent School

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Director of operations

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership For 10% or greater use Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

 (Describe)

☐ Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Marymount High School

ADDRESS (Business Address Acceptable)
Independent School

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Director of operation

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership For 10% or greater use Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

 (Describe)

☐ Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE _____ TERM (Months/Years) _____

_____% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
 Street address _____
 City _____

☐ Guarantor _____

☐ Other _____
 (Describe)

Comments: _____

COVER PAGE

A PUBLIC DOCUMENT

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Barrett Steven

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

LOS ANGELES UNIFIED SCHOOL DISTRICT

Division, Board, Department, District, if applicable

New Los Angeles Charter Schools

Your Position

Board Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☐ City of _____ ☒ Other PORION OF LA COUNTY (LAUSD)

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2018, through December 31, 2018.
-or- The period covered is ____/____/____, through December 31, 2018.
☐ **Assuming Office:** Date assumed ____/____/____
☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)
☐ The period covered is January 1, 2018, through the date of leaving office.
-or- ☐ The period covered is ____/____/____ through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- ☐ Schedule A-1 - Investments - schedule attached ☒ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule A-2 - Investments - schedule attached ☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- ☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
11811 Olympic Blvd. Los Angeles CA 90064
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(310) 806-4502 sbarrett@wildwood.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 14 March 2019
(month day year)

Signature 
(file the originally signed paper statement with your filing official)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**
 FAIR POLITICAL PRACTICES COMMISSION

Name

1. BUSINESS ENTITY OR TRUST

Jody Becker (Spouse)

Name

827 6th St. / Santa Monica, CA 90403

Address (Business Address Acceptable)

Check one

- ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Editorial services

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

_____/_____/18
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

- ☐ Partnership ☐ Sole Proprietorship ☒ not incorporated
 Other _____

YOUR BUSINESS POSITION Editor

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☒ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

- ☒ None or ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

_____/_____/18
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold
 Yrs. remaining _____

☐ Other _____

- ☐ Check box if additional schedules reporting investments or real property are attached

Comments:

1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

- ☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

_____/_____/18
 ACQUIRED DISPOSED

NATURE OF INVESTMENT

- ☐ Partnership ☐ Sole Proprietorship ☐ _____
 Other _____

YOUR BUSINESS POSITION

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

- ☐ None or ☐ Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

- ☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
 Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

_____/_____/18
 ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold
 Yrs. remaining _____

☐ Other _____

- ☐ Check box if additional schedules reporting investments or real property are attached

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM **700**
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Wildwood School, Inc.

ADDRESS (Business Address Acceptable)

12201 Washington Place / Los Angeles, CA 90066

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Professional Development Services

YOUR BUSINESS POSITION

Director of Outreach

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary ☐ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

☐ No Income - Business Position Only

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

☐ Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

☐ Sale of _____
 (Real property, car, boat, etc.)

☐ Loan repayment

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

(Describe)

☐ Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
 Street address

City

☐ Guarantor _____

☐ Other _____
 (Describe)

Comments: _____